

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	C	C				
5	1					
6	C	C				
7		1				
8		1				
9		1				
10		4				
11	1					
12		1				
13		2				
14		2				
15		1				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22	1					
23		1				
24		2				
25		(1)				
26		(1)				
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49						
50						
TOTAL	4	↓	↓	↓	↓	↓
TOTAL	28	↓	↓	↓	↓	↓
TOTAL	32					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL		↓	↓	↓	↓	↓
TOTAL		↓	↓	↓	↓	↓
TOTAL						